

Prevention of rheumatic fever even though the causative organism and immunization possibilities are not yet known is our aim. General improvement in the standards of living would go far toward this accomplishment. The frequency and severity of heart damage would be greatly lessened by prompt diagnosis and adequate treatment. This requires more intense and more widespread education of the professions and of the public to a better understanding of the principles involved and the realization that here is a Public Health problem of major importance.

VOCATIONAL TRAINING FOR THE TUBERCULOUS*

JOSEPH O. STANTON

Los Angeles

A WELL-DEFINED rehabilitation plan for the tuberculous ends with vocational training and remunerative employment. It should begin the day the patient learns from his doctor that he has tuberculosis.

During the first weeks of illness, a broad rehabilitation plan, stressing mental hygiene, should be introduced. The patient should be made to realize that some day he will be expected to return to normal society and a job. After he has made some adjustment to sanatorium life, the patient should be given a selected reading plan, followed by educational courses to fit his needs. Under the influence of a well-developed counseling plan, the patient is spared the torment of an insecure future.

That he has an opportunity for counseling and training should be made known to the patient early in his sanatorium stay. When he goes out of the sanatorium, he need not be faced with the dreary round of hunting for and finding the wrong kind of work which will eventually lead him right back to the sick-bed.

The real problem of the training and counseling, however, must await word from the doctor as to the feasibility of such training. Patients are of two kinds, those whose ambition pushes them to making a move toward rehabilitation before they are physically able, and those who lack ambition and refuse all help, building up a pity-complex. Also, there are the persons who have definite ideas of what they want to do and who are mentally or emotionally unsuited to the job they choose. These adjustments must be made while the patient is in the sanatorium. Quite as many patients ask for too little, as those who ask too much. Oftentimes, the counseling service finds a person suited for a much higher grade job than he feels he can fill. Here is another adjustment to be worked on.

A great variety of training is provided so that with careful analysis of the patient and his abilities, he may be trained and prepared for any job for which he is suited. Basic education is provided as well as job training.

One difficulty facing tuberculous patients is that unlike other handicaps there is no time limit on his disability. Tuberculosis stubbornly refuses to be put on a time schedule. That causes various interruptions of his training, and here again a fine piece of adjustment work must be done to keep the patient interested and aware of his opportunity even though the course of his training is interrupted.

Recent reports on rehabilitated tuberculous patients have been made and the case histories are encouraging. The training and placing of these people in jobs is also proved as economical. The largest group of people surveyed was the group of 436 cases, surveyed by Harry D. Hicker, chief of the State Bureau of Rehabilitation. Trained for 134 different occupations, these clients were rehabilitated at an average cost of \$105.05.

SOCIAL SERVICE IN A SANATORIUM*

SIDNEY MELINKOFF

Los Angeles

THERE is no need to justify the importance of a social service program. That matter is common knowledge. In this paper, we shall, rather, try to lay down a few rules as guide for the functioning of a social service program in a sanatorium.

The social service program has one objective, to get the patient back into the stream of life as a self-sufficient, productive member of society. The program must, therefore, consider the individual's background, social, economic, educational, occupational and avocational, as well as his native or acquired interest and abilities.

There are three phases to the social work program; case work and psychiatric case work services, vocational rehabilitation and job placement.

The case work program, as shown by surveys of such services, covers many things, anything in fact which touches the life of the individual and which may make his cure less speedy and his return to normal life less sure.

Recreation is an important part of the program. The patient must be kept as happy and as occupied as his condition warrants and as a safeguard for his emotional and physical recovery.

A well-equipped library is essential. Motion pictures and radio provide excellent media for entertainment.

The choosing of new occupations for those

* Read before the California Tuberculosis Association, Los Angeles, April 11, 1942.
Abstract.

From State Bureau of Rehabilitation.

Copy of complete paper may be secured from California Tuberculosis Association.

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Abstract.

From Jewish Consumptive Relief Association, Los Angeles, California.

Copy of complete paper may be secured from California Tuberculosis Association.